STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES Washington State ADSA, OFFICE OF RATES MANAGEMENT Department of Social NH SAFETY NET ASSESSMENT (SNA) PAYMENT FORM & Health Services NH LICENSE NO: FACILITY NAME VENDOR NO ROVIDERONE NO REPORTED CENSUS MEDICARE TOTAL PATIENT ADVANTAGE MEDICAID MEDICARE PRIVATE OTHER MONTH YEAR PART C DAYS (H) (A) (B) (C) (D) (E) **(F)** (G) 0 TOTAL PATIENT LESS AMOUNT DUE DAYS MEDICARE DAYS SNA PAYMENT DAYS SNA (D + E)0 0 0 \$0.00 × FACILITY NAME: 0 NH LICENSE NO : 0 VENDOR NO : 0 'ROVIDERONE NO : 0

PAYMENT MUST BE <u>POSTMARKED</u> BY THE 20TH OF THE FOLLOWING MONTH: REMIT TO:

Department of Social and Health Services P.O. Box 9501 Olympia, Washington 98507-9501

On the lower left-hand corner of your check, please write "SNA Fee" and give NH License #

Definitions:

"Medicare patient day" means a patient day for Medicare beneficiaries on a Medicare part A stay, Medicare hospice stay, and a patient day for persons who have opted for managed care coverage using their Medicare benefit.

"Resident day" or "patient day" means a calendar day of care provided to a nursing facility resident, excluding Medicare patient days. A resident day includes the day of admission and excludes the day of discharge. An admission and discharge on the same day count as one day of care. Resident days include nursing facility hospice days and exclude bedhold days for all residents.

Any questions about the SNA, its calculation, or a nursing home's status under the SNA should be directed to ADSA's Office of Rates Management. Direct any questions to Ed Southon, Manager, Nursing Home Rates, at (360)725-2469

Chains may submit one check for multiple facilties but each facility must submit a separate form.

Please pay SNA amount only. Do not add bed renewal or any other fee with the SNA payment.

Days and amount due reported on this worksheet will be audited and reconciled by the Office of Rates Management.